



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY
421 East Dunklin Street, Post Office Box 59
Jefferson City, MO 65104-0059

SURETY BOND

(Financial Guarantee for Payment of Contributions)

REQUIREMENTS FOR COMPLETING FORM

1. Issued by licensed insurance company
2. Signed by Attorney-In-Fact
3. Signed by applicant
4. Must bear insurance company seal
5. Must have effective date
6. Must be accompanied by a valid Power of Attorney letter

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS:

That I/We _____
(Owner's Name) (Business Name)
of _____ County, State of _____
as principal, and _____
(Name of Surety Company)
a corporation duly licensed for the purpose of making, guaranteeing or becoming sole surety upon bonds required or authorized by
the laws of the State of Missouri, as surety, are held and firmly bound to the Missouri Department of Labor and Industrial Relations,
Division of Employment Security, in the penalty sum of _____
_____ DOLLARS (\$_____._____), lawful money of the United States, to be paid to
the Missouri Division of Employment Security, for which sums of money, well and truly to be paid, we bind ourselves, our heirs,
successors, assigns, executors, and administrators, jointly and severally, firmly by these presents.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT,

Whereas, under Section 288.032.2 of the Missouri Employment Security Law, Chapter 288 RSMo, a lessor employing unit
may post a bond of an amount as specified therein to insure timely payment of contributions, interest, and penalties for which the
lessor employing unit may be, or become, liable under the Employment Security Law; and,

Whereas, not later than the end of February of each calendar year hereafter, the specified amount of the bond will be adjust-
ed if necessary; and,

Whereas, said bond shall be deposited with the Director of the Missouri Division of Employment Security and maintained for
safekeeping by said Director; and,

Whereas, the following lessor employing unit wishes to post with the Director of the Missouri Division of Employment
Security a Surety Bond:

NAME OF LESSOR EMPLOYING UNIT _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

FEDERAL IDENTIFICATION NUMBER _____

MO. DES ACCOUNT NUMBER _____

NAME(S), ADDRESS AND SOCIAL SECURITY NUMBER OF OWNERS,
PARTNERS OR CORPORATE OFFICIALS:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

NOW THEREFORE, if said principal shall well and truly comply with all the provisions of the Missouri Employment Security Law, Chapter 288 RSMo, and any amendments thereto, and in particular pay all contributions, interest and penalties promptly when due, then this obligation shall be null and void; otherwise, it shall remain in full force and effect.

If said principal is delinquent, the Missouri Division of Employment Security will notify said surety. Surety then has thirty (30) days in which to make payment or contact the Missouri Division of Employment Security stating reasons payment has not been made.

The said principal authorizes the release of the confidential tax information to said surety as long as this obligation remains in force and effect; releasing the Director of the Missouri Division of Employment Security and Division personnel from any and all liability pursuant to any disclosures to said surety of confidential tax information resulting from release of subject information.

This obligation shall remain in force and effective for a period of not less than five (5) years from the initial date of bonding or until the Director of the Missouri Division of Employment Security releases said principal from the bonding requirement as set forth by Section 288.032.2 RSMo and supplement thereto. The surety may cancel the bond and be released of further liability hereunder by delivering sixty (60) days written notice to the principal and to the Director of the Missouri Division of Employment Security. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of the sixty (60) day period.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this _____
day of _____ A.D. 20____. To be effective on the _____
day of _____ A.D. 20____.

Surety Company Name	ATTEST: (Insurance Company Seal)
Signature of Attorney-In-Fact	
Surety's Street Address or P.O. Box	
City, State, Zip Code	
Signature of Owner, Partner or Corporate Officer of Business	

ACKNOWLEDGEMENT BY PRINCIPAL

INDIVIDUAL				
Notary Public Embosser Seal	State of Missouri	County (or City of St. Louis)	On This Day of 20	before me
	Name of Notary (print or type)		A Notary Public in and for said state, personally appeared	
	Name of Individual (print or type)		Known to me to be the person who executed the within	
	Type of Document	and acknowledge to me that he/she executed the same for the purpose therein stated		
	Notary Public Signature			
	My Commission Expires	Use Rubber Stamp Here ▶		
PARTNERSHIP				
Notary Public Embosser Seal	State of Missouri	County (or City of St. Louis)	On This Day of 20	before me
	Name of Notary (print or type)		A Notary Public in and for said state, personally appeared	
	Name of Individual (print or type)		Known to me to be the person who executed the within	
	Type of Document	and acknowledge to me that he/she executed the same for the purpose therein stated		
	Notary Public Signature			
	My Commission Expires	Use Rubber Stamp Here ▶		
CORPORATION				
Notary Public Embosser Seal	State of Missouri	County (or City of St. Louis)	On This Day of 20	before me
	Name of Notary (print or type)		A Notary Public in and for said state, personally appeared	
	Name of Individual (print or type)		Known to me to be the person who executed the within	
	Type of Document	and acknowledge to me that he/she executed the same for the purpose therein stated		
	Notary Public Signature			
	My Commission Expires	Use Rubber Stamp Here ▶		